

HEADQUARTERS
PENINSULAR BASE SECTION
MEDITERRANEAN THEATER
Office of the Theater Chief Surgeon
APO 782 US Army

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CIRCULAR LETTER NO. 4

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I - HOSPITALIZATION POLICIES OF MEDITERRANEAN THEATER

1. Fixed Dispensaries. Fixed dispensaries will provide bed treatments when facilities are available for mild injuries and diseases normally not to exceed 72 hours. Patients requiring more prolonged medical care will be transferred to the nearest hospital installation.

2. Station and General Hospitals:

a. Medical care requiring from 30 to 120 days hospitalization will be provided in station or general hospitals. Patients with hospital expectancies longer than 120 days, with exceptions noted in paragraph 2 b, will be immediately boarded for evacuation to the Zone of the Interior by each general hospital and those station hospitals designated by the Theater Surgeon, Hq: PBS, to board patients for the Zone of the Interior. At present the 61st Station Hospital and 300th General Hospital are authorized to board patients.

b. Patients may be hospitalized longer than 120 days in general hospitals and those station hospitals authorized to board patients to the Zone of the Interior providing they fall within the following categories:

- (1) Patients whose lives will be jeopardized by evacuation to the Zone of the Interior prior to 120 days.

- (2) Key personnel whose services are required and who can be returned to a duty status within a reasonable time after the 120 day period has elapsed.

II - RESPONSIBILITY OF MEDICAL DEPARTMENT IN PREVENTION OF WASTAGE OF MANPOWER

1. Mission. The mission of the Medical Department is the conservation of manpower and the preservation of the strength of the military forces. All other responsibilities either support this mission, or are secondary to it.

2. Malingering.

a. The problems of malingering and of a high disability rate from psychiatric disorders are often considered to be of importance only during periods of active combat. This belief is entirely erroneous. The experience with armies of occupation after the last war clearly demonstrated that the rate of occurrence of psychiatric disorders was approximately 40 percent higher 10 months after the Armistice than it had been during the peak combat period.

b. Malingering, correctly defined, is the intentional calculated attempt to produce or simulate illness or injury for the purpose of evading duty or responsibility. Therefore, in its true form, it is an act or behavior which is entirely conscious and premeditated.

c. Reduction of the malingering rate is a responsibility of command.

d. The attention of all medical officers, particularly psychiatrists, is directed to their responsibility for the detection of malingering and for reporting suspected cases to command. Ref: WD Circular 298, 1945.

3. Diagnosis and Disposition of Neuropsychiatric Conditions:

a. The hospital Disposition board is a medical agency, the function of which is to insure the proper disposition of the sick and injured. It is to be used for no other purpose. It is not to be used as an instrument of personnel administration to dispose of the maladjusted and inadequate, and it will not become a channel of escape for the psychopath, the unwilling soldier, or others who, unmindful of duty and obligation, seek an opportunity to avoid service.

b. The diagnosis of psychoneurosis will be made with the greatest caution; attention is directed to TBMED 203, dated 19 October 1945.

4. Administrative action by Hospital Commanders.

a. In all cases in which a diagnosis of disability cannot be made.

- (1) If the patient is attached unassigned to the detachment of patients, the following entry will be made, under "Remarks, Administrative" in his service record upon the termination of his hospitalization:

Designation of Hospital
Date (s) Observed, Disability complained of
No disability found

and the entry initialled by a responsible administrative officer. An appropriate rubber stamp, if available, may be used for the framework of the entry.

- (2) If the patient is attached to the detachment of patients, a letter will be sent by the hospital commander to the Unit Commander of the patient, upon the termination of his hospitalization, as follows:

Subject: Entry in Service Record.

1. (Name, serial number, rank of patient) is being returned to duty this date.
2. The Theater Commander directs that the following entry be made under "Remarks, Administrative" in the Service Record of this soldier: "(Date) observed in (Designation of hospital) for (disability complained of). No disability found."

Signature

b. In all cases in which a disability does exist, but when such disability is not of sufficient consequence to prevent a soldier from performing the duty to which he is assigned:

- (1) If the patient is attached unassigned to the Detachment of patients, the following entry will be made in his Service Record under "Remarks, Administrative" upon the termination of his hospitalization, including rehabilitation or reconditioning:

Designation of Hospital
Date, Diagnosis
Disability not disqualifying for (full duty;
limited to..... or duty specified)

and the entry initialled by a responsible administrative officer. In such entries, care will be taken to coordinate any limitation of duty with findings of the disposition board.

- (2) If the patient is "attached" to the detachment of patients, a letter will be sent by the hospital commander to the unit commander of the patient, upon the termination of hospitalization including rehabilitation or reconditioning, as set forth in par 4a (2) except that par 2 of this letter will read:

- (2) The Theater Commander directs that the following entry be made under "Remarks, Administrative" in the Service Record of this soldier: "(date) returned to (full, limited or other proper classification) duty from (Designation of hospital) with diagnosis of (diagnosis) not disqualifying for (full duty; duty limited to.....; or duty specified)".

c. Action taken in accordance with sub para a and b of this paragraph will be recorded in proceedings of disposition boards in such cases as appear before disposition boards.

d. Following personnel referred to sub pars "a" and "b" above will appear before a hospital disposition board:

1. Officers returned to other than a full duty status
2. Personnel whose status is questionable and whose unit commanding officer requests an opinion regarding type of duty, if any, the patient is capable of performing.

5. Hospitalization of Patients over 30 days:

a. Each hospital will maintain a list of patients hospitalized more than 30 days. Such list will include diagnosis and expected time of disposition. It will be subject to inspection and will be reported only on call.

b. Hospital commanders will assure themselves that patients are returned to duty as soon as their physical condition permits.

6. Action by Unit Surgeons. When a soldier reports sick for a chronic condition, his Service Record will be consulted to determine whether or not he has been thoroughly examined for such condition. If an applicable entry appears upon his Service Record, unless there has been an obvious aggravation of his symptoms he will be continued on duty. Soldiers will NOT be readmitted to hospital for a condition which has been thoroughly surveyed unless there is good reason to believe that the condition is significantly worse.

III - ADMISSION, TREATMENT, AND DISPOSITION OF SPECIAL GROUPS

1. U.S. Navy Personnel:

a. U.S. Naval personnel hospitalized in U.S. Army hospitals, who are considered unfit for further duty in the theater or who are not expected to be returned to duty within 120 days, will appear before a U.S. Army Disposition Board and be evacuated to the United States in the same manner as Army Personnel.

b. All individual medical records will be forwarded to this office.

2. U.S. Army Air Forces Personnel:

a. U.S. Army Air Forces Personnel, including Arms and Services Personnel on duty with Air Forces, when discharged to duty will be returned to unit to which assigned. A duplicate set of individual medical records will be made on flying personnel as outlined in par "d", Section III, Circular Letter No. 3, Office of the Theater Surgeon, Headquarters PBS, dated 20 February 1946.

3. Disposition of Army Nurse Corps Personnel:

Army Nurse Corps personnel, whether "attached" or "unattached unassigned" to the Detachment of Patients, when discharged to duty, will be returned to the unit to which assigned when admitted to the hospital.

4. Hospitalization of Civilians of Liberated or Occupied Countries:

Medical installations will render only emergency medical treatment to civilians of liberated or occupied countries. Civilian patients will be evacuated to proper civilian medical authorities for additional care as soon as transportable.

5. Merchant Seamen:

a. Seamen discharged from hospitals will be furnished transportation to the nearest USA installation. Individual medical records will be forwarded to this office.

b. Sick, wounded and injured U.S. Merchant Seaman who cannot be returned to duty within a period of forty-five (45) days from date of hospitalization, will be promptly evacuated to the United States for further observation, treatment, and disposition as soon as their condition permits travel. (Exceptions to this policy will be made in the case of certain seamen patients designated by the War Shipping Administration as being essential to operations in this theater). Reference is made to War Department Memorandum No. 55-46, Subject: "Repatriation of Sick or Injured American Seaman", dated 1 Feb. 46.

c. No alien merchant seamen serving on American ships will be evacuated to the United States until proper clearance with Immigration Authorities is made. Hospital commanders will notify the nearest WSA Representative, immediately, by telephone, when an alien merchant seaman has been recommended for evacuation. Under no circumstances will an alien merchant seaman be evacuated until the War Shipping Administration has completed investigation of the case and initiated the necessary immigration papers.

6. Red Cross Personnel

Every effort will be made to return ARC personnel to duty in this theater. When the proper disposition of an ARC patient is not clearly defined, the case will be referred to American Red Cross General Headquarters through the Assistant Field Director on duty at the hospital. Recommendations with limitations of duty, additional convalescent leave or rest period, will be made when practicable. Individual medical records will be forwarded to this office.

7. Disposition of Civilian Employees of US Armed Forces

When it has been determined that a civilian employee of the US Army cannot be returned to duty in this theater, notification will be made by letter to the director of the appropriate employing agency upon preparation by each medical installation. Information pertaining to the address of such employing agency will be obtained from the individual concerned.

a. United States Citizens who are civilians employees of the US Army or serve with and accompany the US Armed Forces or USO personnel will be returned to duty with their former organization or evacuated to the Zone of the Interior in the same manner as US military personnel.

b. United Nations Civilian Employees. Civilian employees and USO personnel, who are nationals of one of the United Nations, and serve with the US Armed Forces outside of the nation in which they are citizen, will be returned to duty with their former organization. They will not be evacuated to the United States. Patients who are unable to be returned to duty within the time limit established by theater evacuation policy or within the period of their contract will be turned over to their own national government. This action will be coordinated with Evacuation Section, Office of the Theater Surgeon.

8. United States Civilian Business Men

United States citizens in the theater to whom the use of US Army medical facilities have been extended by the Secretary of War must possess proper credentials from the State Department or appropriate Embassy.

9. United States Relief and Rehabilitation Administration Personnel

a. UNRRA Personnel, regardless of nationality, when medical facilities of their own national government are not available will be accorded the same facilities, under the same conditions of payment, as members of the Armed Forces. This service, however, will not be rendered to the detriment

of the Armed Forces or the Merchant Marine.

b. Reports and Records.

- (1) Dispensary officers will complete and sign a certificate of treatment when presented and requested by patients.
- (2) Seriously ill patients and deaths will be reported by Radiogram to the OG, MTOUSA (Attn Casualty Branch) as is done with US Army Personnel.
- (3) Individual medical records will be forwarded to this office.
- (4) Medical records and extracts thereof will be made available to the Chief Medical Officer, UNRRA, ROME APO 394, or his authorized representative, upon request.

c. Personnel who cannot be returned to duty within the time of the theater evacuation policy will be handled as follows:

- (1) One copy of Disposition Board Proceedings complete with abstract of clinical history of case will be mailed to Chief Medical Officer, UNRRA, Rome, APO 394.
- (2) US Citizens and other employees recruited through Washington (Latin American and Canadians) who cannot be returned to duty will be evacuated the same as US Army Personnel.
- (3) Citizens of the British Commonwealth of Nations other than Canadians recruited through Washington will be reported to the Office of the Theater Surgeon, (Evacuation Branch) for instructions as to disposition.
- (4) All European Continentals will be reported to the Theater Surgeon (Evacuation Branch) for instructions as to dispositions.

d. Every effort will be made to return UNRRA personnel to duty in this theater. Questionable administrative or disposition procedures on UNRRA personnel may be referred to this office for decision. Recommendations as to limitations of duty, additional convalescence or rest periods, will be made when practicable.

10. Prisoner of War (US Army Hospitals)

a. Admission - POW personnel needing hospitalization will be treated in American Hospitals only in cases of emergency treatment or in cases where German POW hospitals are too far away to transport the patient.

Elective surgery is not authorized in US Army hospitals for POW patients.

b. Reports and Records.

(1) The Daily Admission and Disposition (A&D) Sheet of fixed hospitals will constitute the official notification of the admission and discharge of POW patients. An extract copy of this record showing entries for POW will be forwarded to The Prisoner of War Information Bureau, Aux TC, PBS, APO 782, by each US Army Hospital admitting and discharging POW's.

(2) Report of Death of POW's in all US Army medical department will be made by cable to the address in (10 b (1)) above. One copy will be forwarded to the POW enclosure or labor camp from which the POW was admitted. A letter report of death will also be made out as follows:

- (a) Name
- (b) Rank
- (c) Date of Birth
- (d) Internment serial number
- (e) Organization
- (f) Place of death
- (g) Date and hour of death
- (h) Direct cause of death
- (i) Next of kin

Sufficient copies will be prepared so as to distribute the original and three copies to the address stated in 10 b (1) above and one copy to be filed at the hospital.

(3) The internment serial number of POW will be included with the POW's name on daily Admission and Disposition (A&D) Sheet.

(4) Personnel Records and all medical records upon discharge or transfer of POW from any hospital, will accompany the POW, in custody of the officer or non-commissioned officer of the guard, to the designated POW enclosure or other destination. In event of death of a POW in any hospital, these records will be forwarded to address as above.

11. Individual medical records (WD AGO Forms 8-26, 8-27, 8-28) will be forwarded to this office on all groups mentioned above except in the case of POW's. Clinical records will be disposed of in accordance with

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War Department Pamphlet 12-14, September 1945, with the exception of the clinical records of POW's. These will be returned with individual medical records with the patient.

IV - MISCELLANEOUS HOSPITAL ADMINISTRATIVE PROCEDURES

1. Visitor Policy.

Patients in US Army hospitals may receive visitors subject to regulations issued by the hospital commanders.

2. Physical Examination for Flying.

All physical examinations for flying (WD AGO Form no. 64), Physical Examination for Flying, will be conducted by flight surgeons or aviation medical examiners certified by the Commanding General Army Air Forces, as currently qualified to perform such an examination.

3. Purple Heart Decorations

a. Military personnel sustaining injuries after the formal cessation of hostilities which are incurred by enemy action occurring prior to the formal cessation of hostilities; for example, injuries caused by exploding land mines during the normal course of duty, are eligible for the award of the Purple Heart.

b. All Medical Department Commanders will exercise extreme caution in making awards to border-line cases.

4. Information to Patients.

a. Under no circumstances will medical personnel in any medical installation tell patients that their injury or disease is such as to necessarily take them to the Zone of the Interior.

b. All disposition board proceedings must be held confidential. Giving the patient strong implication that he may go the Zone of Interior should be guarded against until final movement of the patient commences.

5. Narcotic Registers

A register of narcotics, alcohol, and habit-forming drugs will be maintained in a permanently bound ledger and when not in use will be kept under lock with the narcotics. Attention is invited to par 17, AR 40-590, for compliance.

6. Penicillin

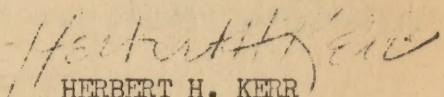
a. Penicillin will be carefully safeguarded and unauthorized persons will not have access to it. When in storage this essential item of supply should be kept under lock and key or under constant guard. A

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register will be kept of penicillin similar to that of narcotics.

b. Penicillin will be used only in the treatment of those diseases where its efficacy has been proven. It will be given to no patients except those authorized treatment in US Army medical installations. POW personnel will not receive penicillin. Under no circumstances will it be given out for local civilian use. The medical depots will issue penicillin only to hospitals and those dispensaries authorized by this office to use it.

FOR THE THEATER CHIEF SURGEON:


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Deputy Surgeon